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		COMBINED DECLARATION AND POWER OF ATTORNEY
	(01	RIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION OR CIP)
Asa	below	named inventor, I hereby declare that:
		TYPE OF DECLARATION
This	declara	ation is of the following type: (check one applicable item below)
		original design supplemental
Note:	If the	supplemental Declaration is for an International Application being filed as a divisional, continuation of publication in the continuation of the continuation of the continuation of the continuation in the continuation in the continuation is a suppropriate one of last three items.
	(X)	national stage of PCT
Note:	If one	e of the following 3 items apply, then complete and also attach ADDED PAGES FOR DIVISIONAL TINUATION OR CIP.
		divisional
		continuation continuation-in-part (CIP)
		INVENTORSHIP IDENTIFICATION
WARN	ING. Ij	the inventors are each not the inventors of all the claims, an explanation of the facts, including the warrship of all the claims at the time the last claimed invention was made, should be submitted
My re that I first a	sidenc am th nd joir	whership of all the claims at the time the last claimed invention was made, should be submitted e, post office address and citizenship are as stated below, next to my name. I believe e original, first and sole inventor (if only one name is listed below) or an original
My re that I first a	sidenc am th nd joir	e, post office address and citizenship are as stated below, next to my name. I believe e original, first and sole inventor (if only one name is listed below) or an original at inventor (if plural names are listed below) of the subject matter that is claimed, and
My re that I first a	sidence am the nd join nich a p	whership of all the claims at the time the last claimed invention was made, should be submitted be, post office address and citizenship are as stated below, next to my name. I believe e original, first and sole inventor (if only one name is listed below) or an original at inventor (if plural names are listed below) of the subject matter that is claimed, and patent is sought on the invention entitled:
My re that I first a	sidence am the nd join nich a p	whership of all the claims at the time the last claimed invention was made, should be submitted e, post office address and citizenship are as stated below, next to my name. I believe e original, first and sole inventor (if only one name is listed below) or an original at inventor (if plural names are listed below) of the subject matter that is claimed, and coatent is sought on the invention entitled: TITLE OF INVENTION EE-UP COLOR IMAGE CLASSIFICATION SYSTEM AND MAKE-UP
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ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1 56,

(also check the following items, if desired)

- and which is material to the examination of this application, namely; information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and
- in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

- (d) no such applications have been filed.
- [X] (e) such applications have been filed as follows.

Note: Where item (c) is entered above and the international application which designated the US itself claimed priority check item (e), enter the details below and make the priority claim.

PRIOR FOREIGN/PCT APPLICATION(S) FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

COUNTRY (OR INDICATE IF PCT	APPLICATION NUMBER	DATE OF FILING (day/month/year)	CLAIME	ORITY D UNDER SC 119
Japan	Patent Application No.2000-112667	13/April/2000	[X] YES	ио 🗆
			YES	ио 🗆
			☐ YES	ио 🗆
			☐ YES	ио 🗆
			☐ YES	ио 🗌

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CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

	PROVISIONAL APPLICATION NUMBER	FILING DATE	
	ALL FOREIGN APPLICATION(S), IF ANY, I (6 MONTHS FOR DESIGN) PRIOR TO	FILED MORE THAN 12 MONTHS THIS U.S. APPLICATION	
Note:	If the application filed more than 12 months from the fithe basis for this application entering the United State divisional, or continuation-in-part, then also complete AND POWER OF ATTORNEY FOR DIVISIONAL, CO of the prior U.S. or PCT application(s) under 35 U.S.C.	es as (1) the national stage or (2) a continuation ADDED PAGES TO COMBINED DECLARATION INTINUATION OR CIP APPLICATION for bands	
•	POWER OF ATTO	DRNEY	
I here busine	eby appoint the following practitioner(s) to press in the Patent and Trademark Office connected	rosecute this application and transact all therewith (list name and registration number).	1 (i2)
Lawre Paul	as F. Peterson, <u>24790</u> ; Richard J. Streit, ence J. Chapa, <u>39135</u> ; Dennis K. Scheer, R B. West, <u>18947</u> ; Joseph H. Handelman, <u>26</u> rds, <u>31503</u> ; Jain C. Baillie, <u>24090</u> ; Richard P.	eg. <u>39356;</u> Douglas S. Rupert, <u>44434</u> 6179; Peter D. Galloway 27885: John	•
	Attached, as part of this declaration and pow above-named practitioner(s) to accept and follows:	er of attorney, is the authorization of the w instructions from my representative(s).	;
SEND	CORRESPONDENCE TO:	DIRECT TELEPHONE CALLS TO:	-
	omas F. Peterson D Ladas & Parry	(Name and telephone number)	
22	24 South Michigan Avenue licago, Illinois 60604	(312) 427-1300	

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Note. Carefully indicate the family (or lost) name, as it should appear on the filing receipt and all other documents.

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